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Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Rm 1061
Rockville, MD 20852

Boehringer Ingelheim
Pharmaceuticals, Inc.

September 19,2000

Docket # OOD-1306, Comments on the Draft Guidance on Content & Format of the Adverse Reactions Section of Labeling for Human Prescription Drugs & Biologics

Dear Sir/Madame,

Tacy Pack
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Per the June 21, 2000 Federal Register Notice, Boehringer Ingelheim Pharmaceuticals, Inc. is now submitting comments to Draft Guidance on Content & Format of the Adverse Reactions Section of Labeling for Human Prescription Drugs & Biologics. We believe that this labeling guidance on Adverse Reactions is helpful to the industry and supports the ICH and CIOMS international initiatives for appropriate dissemination of safety data. BIPI's underlying philosophical principle regarding labeling is consistent with the Agency's approach, which could be summarized as evidence-based worldwide consistent labeling of adverse reactions, with obvious recognition of the importance of scientific data reviews from the public health perspective.

From the scientific perspective and particularly in line with ICH/CIOMS activities, BIPI requests that this guidance provide additional FDA insight into the assessment of adverse events (AEs) and the potential standards and criteria to characterize an AE as an adverse reaction (AR) and when to include it in a company's core data sheets. The FDA language is loosely written and contains internal inconsistencies that could create variation of US labeling both from the scientific assessment of the available data and company's core data sheet listing of ARs. It appears that the only valid approach is that all ARs are appropriately included in the package insert (PI). All AEs are evaluated based on the available information and judged by the company in conjunction with review and discussion with FDA for appropriate inclusion in the label. Inclusion in the PI should be scientifically driven with an obvious eye to the public health. Companies should have the right to exclude "events" (not "reactions") clearly not related to the drug which may show an increase in the number reported when compared to placebo but which do not represent a serious event with no pharmacological connection, similar to this guidance's section on less common AEs. Specifically, this comment does not relate to the recommended handling

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of "less common events", but rather addresses adverse events when relatively higher incidences that are judged not clinically important or drug related.

BIPI also proposes that the Agency strive toward more consistency with the newly revised European AE section labeling (European Commission " A guideline on Summary of Product Characteristics" December 1999).

Finally, we also propose that this guidance mention adverse events that occur following withdrawal of drug when they are relevant, when there is a distinct relationship, and when it is specific to withdrawal symptomatology.

Best regards,

Tacy Pack
Sr. Associate Director
DRA Product Labeling

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